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#### **REVOCATION OF POWER OF** ATTORNEY WITH **NEW POWER OF ATTORNEY** AND **CHANGE OF CORRESPONDENCE ADDRESS**

Application Number 10/084,592 Filing Date February 25, 2002 First Named Inventor Cashman, Christopher Art Unit Examiner Name Attorney Docket Number 56510.10002

I hereby revoke all previous powers of attor	nev given in the above-identified a	opplication:			
A Power of Attorney is submitted here				يسر إسلام كالمعتمد المساوي	
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I am the: Applicant/Inventor.					
Assignee of record of the entire interest.  Statement under 37 CFR 3.73(b) is end	See 37 CFR 3.71.	<del>-</del>		· · · · <u>- / - / / / / / / / / / / / -</u>	
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Signature Knattl & Over					
Name Rand L. Cvay	<u> </u>	l'elephone	E212 (1	1-9023	
NOTE: Signatures of all the inventors or assignees of forms if more than one signature is required, see below.	f record of the entire interest or their repr	<u> </u>			
*Total of forms are submitted.					

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NDSU ANIMAL & RANGE SCIENCES

**REVOCATION OF POWER OF** 

No. 2138

10/084,592

PTO/SE/82 (03-04)

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Application Number

Filing Date

	ATTODNEY MITH	Filing Date	Februa	ry 25, 2002	
ATTORNEY WITH NEW POWER OF ATTORNEY AND		First Named Inventor	Coshm	Coshman, Christopher	
		Art Unit			_
CHANG	E OF CORRESPONDENCE ADDRESS	S Examiner Name			_
The state of the s		Attorney Docket Number	58510.1	0002	┪
·					
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l —	Power of Attorney is submitted herewith.			- <del></del>	
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l am the: Appl	icant/inventor.			<u>.                                      </u>	<b></b>
Assi State	gnea of record of the entire interest. Sea 37 CFF ement under 37 CFR 3.73(b) is enclosed. (Form	R 3.71. <i>PTO/SB/</i> 96)			
	SIGNATURE OF API	plicant or Assignee of Re	cord		·
Signature	Laureal J. Oddy			<del></del>	
Name	Kenneth G. Odde			<del></del>	
Date	10/4/05	Tel	ephone	605- 889	2200
NOTE: Signs forms If more	tures of all the inventors or assignees of record of the than one signature is required, see below*.			required. Submit mul	tiple
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REVOCATION OF POWER OF

ATTORNEY WITH

FROM : VAN DER KAMP

FAX NO. : 3032567301

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10/084,592

February 25, 2002

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Application Number

Filing Date

#### First Named Inventor Cashman, Christopher NEW POWER OF ATTORNEY Art Unit AND Examiner Name CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number 56510.10002 I hereby revoke all previous powers of attorney given in the above-identified application: A Power of Attorney is submitted herewith. OR 27526 冈 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-Identified application to: 図 The address associated with 27526 Customer Number: OR Firm or individual Name Address State Zip City Country Fax Telephone I am the: $\boxtimes$ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3,73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature nus Name Bruce Van Der Kamp Telephone 303-256-7301 Date 10-04-2005 NOTE. Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below". 図 "Total of \_\_\_ forms are submitted.

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#### **FACSIMILE COVER SHEET**

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Lara Dickey Lewis

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Jill Brammer

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persona are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/084.592 TRANSMITTAL Filing Date February 25, 2002 First Named Inventor FORM Cashman, Christopher Art Unit Examiner Name (to be used for all correspondence after initial filling) Attorney Docket Number 56510.10002 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Brackwell Sanders Peper Martin LLP

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### PROTEZ PHARMACEUTICALISECEIVED **CENTRAL FAX CENTER**

Application Number

**Q**001

OCT 0 6 2005

PTO/SB/92 (09-04)

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ATTORNEY WITH	First Named Inventor	Cashman, C	hristopher
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AND	Examiner Name		
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Applicant/Inventor.			
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